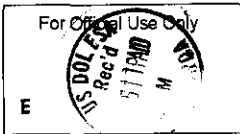


# FORM LM-30

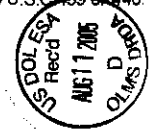
## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 435 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.



1. File Number U - <u>6026</u>	2. Fiscal Year Covered From:  1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.  Name <u>Joeseeph L Silva</u>  P.O. Box, Bldg., Room No., if any <u>P.O. Box 2270</u>  Street <u>70 Hegenberger Road</u>  City <u>Oakland</u>  State <u>California</u> ZIP Code + 4 <u>94621-0170</u>	4. Name, file number, and address of labor organization.  Name <u>Teamsters Union Local No. 70</u>  Labor Organization File Number <u>010-997</u>  P.O. Box, Building and Room Number, if any <u>P.O. Box 2270</u>  Street <u>70 Hegenberger Road</u>  City <u>Oakland</u>  State <u>California</u> ZIP Code + 4 <u>94621-0170</u>
5. Position in labor organization. <u>President</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).  Name <u>N/A</u>  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.          7.b. Amount

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Joseph L Silva</u>	Date <u>8/5/05</u>	Telephone Number <u>510-569-9317</u>

Name of Person Filing <b>Joeseeph Silva</b>	File Number U-
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**B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.**

<p><b>8. Name and address of Business (including trade name, if any).</b></p> <p>Name <b>East Bay Drayage Drivers Security Fund</b></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any <b>P.O. Box 4026</b></p> <p>Street</p> <p>City <b>Concord</b></p> <p>State <b>California</b>                      ZIP Code + 4 <b>94524</b></p>	<p><b>9. Business deals with:</b></p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p><b>10. If 9.b. or 9.c. is checked give trust or employer's name.</b></p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State                      ZIP Code + 4</p>	<p><b>11.a. Nature of such dealing.</b></p>     <p><b>11.b. Approximate dollar value of such dealing.</b></p>     <p><b>12.a. Nature of interest held or income received.</b></p> <p>See attached.</p>
	<p><b>12.b. Amount.</b> <span style="float: right;"><b>\$791</b></span></p>

**C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.**

<p><b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b></p> <p>Name <b>N/A</b></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State                      ZIP Code + 4</p>	<p><b>14.a. Nature of payment.</b></p>     
<p><b>13.b. Is the Business an Employer</b> <input type="checkbox"/> <b>or Consultant</b> <input type="checkbox"/> <b>?</b></p>	<p><b>14.b. Amount of payment.</b></p>

## Part B

**Nature of interest held or income received:**

**Meeting dates: May 19-21, 2004  
September 29 – October 1, 2004**

Name of Person Filing Joeseeph Silva

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name WCT Pension Trust Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 355 Gellert Boulevard</p> <p>City Daly City</p> <p>State California ZIP Code + 4 94015</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p>See attached.</p> <p>12.b. Amount. \$26</p>

**WCT Pension Trust Fund**  
**(Western Conference of Teamsters Pension Trust Fund)**

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**Part B**

**Box 12.a.**

**Nature of interest held or income received:**

The person identified in item 3 is President of Local 70 and transacts business with the entity identified in item 8 which is a jointly administered pension trust fund under the Labor-Management Relations Act of 1947, as amended (the "Trust Fund"). The amount entered in 12.b. represents (1) payment of food and beverage incurred in connection with his attendance of a meeting of the Health and Welfare and Pension Trustees. This estimate is based on information requested from the Trust Fund's third party administrator and a business calendar for appointments and meetings in 2004.

**Meeting dates:      September 22, 2004**

Name of Person Filing Joeseeph Silva

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Western Teamsters Welfare Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2323 Eastlake Avenue East

City Seattle

State California ZIP Code + 4

9. Business deals with:

☒ a. Labor Organization

☐ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

See attached.

12.b. Amount.

\$688

## **Western Teamsters Welfare Trust**

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### **Part B**

#### **Box 12.a.**

**Nature of interest held or income received:**

The person identified in item 3 is a Union Trustee on the Board of Trustees of the entity identified in item 8 which is a jointly administered health trust fund under the Labor-Management Relations Act of 1947, as amended (the "Trust Fund"). The amount entered in 12.b. represents (1) reimbursement of transportation, lodging, food and beverage, and incidental expenses incurred by the Union Trustee in connection with his attendance of quarterly meetings of the Board of Trustees and periodic Trustee Committees of the Trust Fund or Trustee, and/or (2) the estimated value of food and beverage in connection with such meetings that were paid for by others who received reimbursement from the Trust Fund for such food and beverage expenditures. This estimate is based on information requested from the Trust Fund's third party administrator and a business calendar for appointments and meetings in 2004.

**Meeting dates:**      **March 3 - 4, 2004**  
                             **April 27, 2004**  
                             **May 26, 2004**  
                             **June 2 - 3, 2004**  
                             **September 7 - 9, 2004**  
                             **October 27 - 28, 2004**  
                             **December 8 - 9, 2004**